POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION.	_(handwritten)_	67670	4/14/00
O.I.P.E. CLASSIFIER		10	4-19-20
FORMALITY REVIEW	_(handwritten)_	68971	6/8/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim Final	Original	Date				
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If more than 150 claims or 10 actions
staple additional sheet here

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